

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	<b>US030335</b>
First Named Inventor	<b>John Petruzzello et al</b>

**COMPLETE IF KNOWN**

Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SILICON-ON-INSULATOR PHOTODIODE OPTICAL MONITORING SYSTEM FOR COLOR TEMPERATURE CONTROL IN SOLID STATE LIGHT SYSTEMS**

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label		*24737*		OR	<input checked="" type="checkbox"/> Correspondence address below	
<b>Philips Electronics North America Corporation</b>								
Name								
P.O. BOX 3001								
Address								
BRIARCLIFF MANOR		NY State		10510 ZIP				
City								
U.S.A.		(914) 945-6000 Telephone		(914) 332-0615 Fax				
Country								
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>								
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name JOHN (first and middle [if any])				Family Name PETRUZZELLO or Surname				
Inventor's Signature 				Date 9/27/04				
CARMEL		NY State		USA Country		USA Citizenship		
Residence: City								
1019 N. HORSEPOUND ROAD								
Mailing Address								
CARMEL		NY State		10512 Zip		USA Country		
City								
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name THEODORE (first and middle [if any])				Family Name LETAVIC or Surname				
Inventor's Signature				Date				
PUTNAM VALLEY		NY State		USA Country		USA Citizenship		
Residence: City								
25 BELL HOLLOW ROAD								
Mailing Address								
PUTNAM VALLEY		NY State		10579 Zip		USA Country		
City								

# DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*24737*	OR	<input checked="" type="checkbox"/> Correspondence address below												
<b>Philips Electronics North America Corporation</b> Name <b>P.O. BOX 3001</b> Address <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; padding: 2px;">BRIARCLIFF MANOR</td> <td style="width: 33.33%; padding: 2px;">NY</td> <td style="width: 33.33%; padding: 2px;">10510</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP</td> </tr> <tr> <td colspan="2">U.S.A. Country</td> <td>(914) 945-6000 Telephone</td> <td colspan="3">(914) 332-0615 Fax</td> </tr> </table>						BRIARCLIFF MANOR	NY	10510	City	State	ZIP	U.S.A. Country		(914) 945-6000 Telephone	(914) 332-0615 Fax		
BRIARCLIFF MANOR	NY	10510															
City	State	ZIP															
U.S.A. Country		(914) 945-6000 Telephone	(914) 332-0615 Fax														
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>																	
<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name <b>BENOIT</b> (first and middle [if any])			Family Name <b>VEILLETTE</b> or Surname														
Inventor's Signature			Date														
LAKE OSWEGO Residence: City		OR State	USA Country	CA Citizenship													
<b>6024 SW JEAN ROAD</b> Mailing Address																	
LAKE OSWEGO City		OR State	97035 Zip	USA Country													
<b>NAME OF FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name (first and middle [if any])			Family Name or Surname														
Inventor's Signature			Date														
Residence: City		State	Country	Citizenship													
Mailing Address																	
City		State	Zip	Country													

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	US030335
First Named Inventor	John Petruzzello et al
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SILICON-ON-INSULATOR PHOTODIODE OPTICAL MONITORING SYSTEM FOR COLOR TEMPERATURE CONTROL IN SOLID STATE LIGHT SYSTEMS**

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

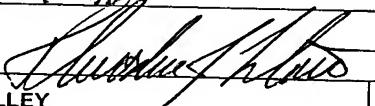
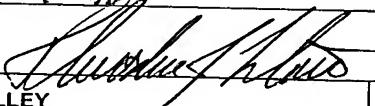
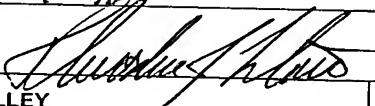
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*24737*	OR	<input checked="" type="checkbox"/> Correspondence address below
<b>Philips Electronics North America Corporation</b> Name P.O. BOX 3001 Address BRIARCLIFF MANOR City NY State 10510 U.S.A. ZIP Country (914) 945-6000 (914) 332-0615 Telephone Fax					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name JOHN (first and middle [if any])		Family Name PETRUZZELLO or Surname			
Inventor's Signature 		Date 11/9/04			
CARMEL Residence: City		NY State	USA Country	USA Citizenship	
1019 N. HORSEPOUND ROAD					
Mailing Address					
CARMEL City		NY State	10512 Zip	USA Country	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name THEODORE (first and middle [if any]) 		Family Name LETAVIC or Surname			
Inventor's Signature 		Date 11/9/04			
PUTNAM VALLEY Residence: City		NY State	USA Country	USA Citizenship	
25 BELL HOLLOW ROAD					
Mailing Address					
PUTNAM VALLEY City		NY State	10579 Zip	USA Country	

# DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*24737*	OR	<input checked="" type="checkbox"/> Correspondence address below												
<b>Philips Electronics North America Corporation</b> Name <b>P.O. BOX 3001</b> Address <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; padding: 2px;"><b>BRIARCLIFF MANOR</b></td> <td style="width: 33.33%; padding: 2px; text-align: center;"><b>NY</b></td> <td style="width: 33.33%; padding: 2px; text-align: center;"><b>10510</b></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px; text-align: center;">State</td> <td style="padding: 2px; text-align: center;">ZIP</td> </tr> <tr> <td style="padding: 2px;"><b>U.S.A.</b></td> <td style="padding: 2px; text-align: center;"><b>(914) 945-6000</b></td> <td style="padding: 2px; text-align: center;"><b>(914) 332-0615</b></td> </tr> <tr> <td style="padding: 2px;">Country</td> <td style="padding: 2px; text-align: center;">Telephone</td> <td style="padding: 2px; text-align: center;">Fax</td> </tr> </table>						<b>BRIARCLIFF MANOR</b>	<b>NY</b>	<b>10510</b>	City	State	ZIP	<b>U.S.A.</b>	<b>(914) 945-6000</b>	<b>(914) 332-0615</b>	Country	Telephone	Fax
<b>BRIARCLIFF MANOR</b>	<b>NY</b>	<b>10510</b>															
City	State	ZIP															
<b>U.S.A.</b>	<b>(914) 945-6000</b>	<b>(914) 332-0615</b>															
Country	Telephone	Fax															
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.																	
<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name <b>BENOIT</b> (first and middle [if any])			Family Name <b>VEILLETTE</b> or Surname														
Inventor's Signature			Date														
<b>LAKE OSWEGO</b> Residence: City		<b>OR</b> State	<b>USA</b> Country	<b>CA</b> Citizenship													
<b>6024 SW JEAN ROAD</b> <b>Mailing Address</b>																	
<b>LAKE OSWEGO</b> City		<b>OR</b> State	<b>97035</b> Zip	<b>USA</b> Country													
<b>NAME OF FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name (first and middle [if any])			Family Name or Surname														
Inventor's Signature			Date														
Residence: City		State	Country	Citizenship													
<b>Mailing Address</b>																	
City		State	Zip	Country													

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	<b>US030335</b>
First Named Inventor	<b>John Petruzzello et al</b>

**COMPLETE IF KNOWN**

Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SILICON-ON-INSULATOR PHOTODIODE OPTICAL MONITORING SYSTEM FOR COLOR TEMPERATURE CONTROL IN SOLID STATE LIGHT SYSTEMS**

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*24737*	OR	<input checked="" type="checkbox"/> Correspondence address below
<b>Philips Electronics North America Corporation</b>					
Name					
P.O. BOX 3001					
Address					
BRIARCLIFF MANOR	NY			10510	
City	State			ZIP	
U.S.A.		(914) 945-6000		(914) 332-0615	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name JOHN (first and middle [if any])			Family Name PETRUZZELLO or Surname		
Inventor's Signature			Date		
CARMEL	NY	USA	USA	Citizenship	
Residence: City	State	Country			
1019 N. HORSEPOUND ROAD					
Mailing Address					
CARMEL	NY	10512	USA	Citizenship	
City	State	Zip	Country		
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name THEODORE (first and middle [if any])			Family Name LETAVIC or Surname		
Inventor's Signature			Date		
PUTNAM VALLEY	NY	USA	USA	Citizenship	
Residence: City	State	Country			
25 BELL HOLLOW ROAD					
Mailing Address					
PUTNAM VALLEY	NY	10579	USA	Citizenship	
City	State	Zip	Country		

# DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*24737*	OR	<input checked="" type="checkbox"/> Correspondence address below												
<b>Philips Electronics North America Corporation</b> <b>Name</b> <b>P.O. BOX 3001</b> <b>Address</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">BRIARCLIFF MANOR</td> <td style="width: 33%;">NY</td> <td style="width: 34%;">10510</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP</td> </tr> <tr> <td>U.S.A.</td> <td>(914) 945-6000</td> <td>(914) 332-0615</td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> </tr> </table>						BRIARCLIFF MANOR	NY	10510	City	State	ZIP	U.S.A.	(914) 945-6000	(914) 332-0615	Country	Telephone	Fax
BRIARCLIFF MANOR	NY	10510															
City	State	ZIP															
U.S.A.	(914) 945-6000	(914) 332-0615															
Country	Telephone	Fax															
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.																	
<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name      BENOIT (first and middle [if any])		Family Name VEILLETTE or Surname															
Inventor's Signature <i>&amp; Benoit R. Veillette</i>		Date <i>10/12/04</i>															
LAKE OSWEGO      Portland Residence: City		OR State	USA Country	CA Citizenship													
<i>-6024 SW JEAN ROAD 11438 SW Oak Creek Drive</i>																	
<b>Mailing Address</b>																	
LAKE OSWEGO      Portland City		OR State	Zip	USA Country													
<b>NAME OF FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name (first and middle [if any])		Family Name or Surname															
Inventor's Signature		Date															
Residence: City		State	Country	Citizenship													
<b>Mailing Address</b>																	
City		State	Zip	Country													